PATENT APPLICATION FEE DETERMINATION RECORD

Efféctive October 1, 2003

Property Sees.

Application or Docket Number

	<u> </u>										·	
		CLAIMS A	S FILED - PART (Column 1)		(Column 2)		•	SMALL ENTITY		OR	OTHER SMALL	
TOTAL CLAIMS			9				ļ.	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA]	BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			9 minus 20=		· ø			X\$ 9=		OR	·X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		· ø	<u> </u>		X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in colu						column 2 .		TOTAL	385	OR	TOTAL	
CLAIMS AS AMENDED - PART II						(Column 3))	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	13/104	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI, TIONAL FEE		RATE	. ADDI- TIONAL FEE
	Total	. 9	Minus	-	W	=/	1	X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MU	Minus		<u>S</u>	/		X43=	1	OR	X86=	
L_	FIRST PRESE	INTATION OF MI	DETIPLE CIE	SINDENT	CCAIM	<u>' </u>	J	·+145=		OR	+290=	
								TOTAL ADDIT. FEE	1	OR	TOTAL ADDIT. FEE	
		(Column 1)	•	(Colun	nn 2)	(Column 3)	_	•	•			
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PÁID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	·4	Minus	** '		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	ANA CALOGALE	C1 4114	<u> -</u>	┨┇	X43=	•	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				CLAIM		ا ۱	+145=		OR	+290=	
								TOTAL		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colun	nn 2) ·	(Column 3)				. ,		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID I	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	4.0		=		X\$ 9=		OR	X\$18=	
	Independent		Minus		<u> </u>	<u> </u>		X43=		OR	X86=	
	FIRST PRESE	J	+145=			+290=						
* If the entry in column 1 is less than the entry in column 2, write 10° in column 3. **If the "Highest Humber Previously Paid For" IN THIS SPACE is test than 20, enter 120. **OF TOTAL ADDIT FEE ***Of the "Highest Humber Previously Paid For" IN THIS SPACE is test than 3, enter 13.** **OF TOTAL ADDIT FEE												
		her Previously Paid					e four	nd in the appo	opnate box	in colu	urun 1	